

**OFFICE OF THE INSPECTOR GENERAL
DMHMRSAS**

**SNAPSHOT INSPECTION
COMMONWEALTH CENTER FOR CHILDREN AND ADOLESCENTS**

**James W. Stewart, III
Inspector General**

OIG REPORT #90-03

Facility: Commonwealth Center
Staunton, Virginia

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Type of Inspection: Snapshot Inspection / Unannounced

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INSPECTION SUMMARY

A Snapshot Inspection was conducted at the Commonwealth Center for Children and Adolescents in Staunton, Virginia on December 16, 2003. The purpose of a snapshot inspection is to conduct an unannounced review of a facility with a primary focus on three basic areas. The areas are as follows: the general conditions of the facility, staffing patterns and activity of patients.

CCCA is currently undergoing a number of restructuring initiatives designed to enhance the facility's ability to address the needs of both the patients and the employees. These changes are resulting from work completed by facility management and on the recommendations of an external consultant hired by the facility to examine issues of communication, team cohesiveness and other identified staffing issues within the facility.

One of the major changes recently implemented centers around the facility's movement to a service team model, which will allow for increased client-centered and individualized services for the patients focusing primarily on those issues associated with the reasons for hospitalization and the barriers to successful community living. This model provides for the provision of services based on assessed needs regardless of unit placement. Several key positions at the facility are in the process of being filled, which will also add to programming stability and client services, such as the Director of Nursing and Human Rights Advocate positions.

Efforts are underway to address the staff turnover rate and a program of enhanced staff training and development is currently in development. Supervisory structure for direct care workers has been reassigned in order to enhance staff management and deployment.

The facility continues to offer a variety of active treatment programming options for the patients while reviewing ways of enhancing services through the development of facility wide active treatment programming. Activities therapy services will now be delivered through the newly developed AT Department.

Overall, the facility was well maintained, clean and comfortable. Efforts to make this institutional setting appear more homelike were noted. Patients interviewed during the inspection process commented that they felt safe and comfortable within the setting.

PART I: STAFFING ISSUES

<p>1. Number of staff scheduled for this shift for this unit.</p> <p>DSA= Direct Services Associate</p>	<p>December 16th- 1st shift</p> <p>Unit 1: RN – 1, LPN – 0, DSA – 4</p> <p>Unit 2: RN – 1, LPN – 0, DSA – 4</p> <p>Unit 3: RN – 1, LPN – 0, DSA – 3</p> <p>Unit 4: RN – 1, LPN – 0, DSA – 4</p>
<p>2. Number of staff present on the unit?</p>	<p>Actual staffing patterns were as identified above except for Unit 1. There were three staff members present on the unit during the time the tour took place instead of the scheduled four members. It had been explained that one staff member had been “pulled” in order to assist on another unit. It was noted that the individual was present on the identified unit.</p>
<p>3. Number of staff doing overtime during this shift or scheduled to be held over?</p>	<p>During the inspection, it was learned that there were not any persons doing OT on the day shift. Staff interviewed indicated that there had been an increase in the amount of overtime recently due to staff shortages but expressed hope that this would be remedied once the new hires were trained. It was acknowledged that the facility had focused on hiring additional staff but they were not scheduled to begin working until after the holidays.</p>
<p>4. Number of staff not present due absence because of workman’s compensation injury?</p>	<p>Interviews revealed that two of the staff present were on “light duty” status after returning to the facility from absences due to patient related injuries. Staff indicated that there was one staff member who was out on disability as a result of a patient related injury.</p>
<p>5. Number of staff members responsible for one-to-one coverage during this shift?</p>	<p>At the time of the tour four children were identified as being on “constant observation” status, within the facility.</p>

6. Are there other staff members present on the unit? If so, please list by positions?

Observations and interviews revealed a number of other disciplines were present on the units including activity therapists, social workers, psychologists and psychiatrists.

7. Additional comments regarding staff:

CCCA is currently undergoing a number of restructuring initiatives designed to enhance the facility's ability to address the needs of both the patients and the employees. One of the changes identified by the facility was the adoption of a Services Team Model. Those interviewed identified this model as one that focuses on the provision of client-centered, individualized services based upon assessed needs regardless of unit placement.

The adoption of this model has also resulted in a number of changes that impact employees. Clinical staff have been reassigned in order to enhance the strengths of each of the clinical teams providing care and treatment. Direct care staff scheduling, orientation, deployment and overall supervision will become the primary responsibility of one of the two current Program Managers. This allows for consistent and uniform supervision and a singular point for addressing the day-to day staffing concerns. The other Program Manager will be responsible for the expansion of a staff development and training program and offer supervision of the newly developed activities therapy department.

Nursing will also be adopting a team approach to service provision. The facility has been down several nursing positions, including the Director of Nursing position. Interviews with both administration and direct care staff identified a nursing shortage as a significant challenge for this facility, not unlike a number of the state facilities. Although team-nursing models are not new, its use at the facility is a new strategy for dealing with limited resources. At the beginning of each shift, nursing staff facility-wide discuss a division of tasks that best addresses the nursing needs of the Center. Nurses may function on any unit depending on where they are needed. Those interviewed were very positive regarding the implementation of this model, which was identified as allowing for the type of flexibility often needed in order to assure that both routine tasks and the needs of the patients are addressed in a timely and effective manner. The facility has been actively recruiting nurses and at the time of this review was in the final phase of selecting a Director of Nursing.

The facility has explored a number of initiatives designed to address the staff turn over rate. Management has been engaging in discussions with the Central Office regarding the introduction of a new schedule for direct care staff, which will enable them to work fewer hours, have more consecutive days off including every other weekend. A shift differential for 2nd and 3rd shifts is under review, particularly as an incentive for retaining persons on the 2nd shift, which is universally determined to be the least desirable shift.

The facility has been actively recruiting persons to fill the vacant direct care positions. A new group of employees will be introduced to services following the holidays. With the introduction of behavioral support teams, consistent supervision and support as well as increased training, the facility is developing a number of initiatives designed to retain a quality pool of direct care staff.

Finding 1.1: Direct observation, interviews and a review of staffing documentation revealed that the facility provided for adequate staffing patterns through a variety of techniques, including an increase in the use of overtime, schedule and deployment changes as well as the hiring of additional staff.

OIG Recommendation: As the facility has implemented several initiatives to address staff shortages and for assuring adequate coverage for addressing the treatment, supervision and safety needs of the patients, the OIG does not have any additional recommendations at this time. Staffing patterns will be monitored.

DMHMRSAS Response: CCCA has implemented new initiatives to address staff shortages and assure adequate coverage. These initiatives include:

- restructuring direct care staff assignments,
- creating a new innovative schedule for direct care staff, and
- implementing support teams

The support teams provide on-going assessment of acuity across units in order to support direct care staff and nurses when consumers with challenging behaviors have an exacerbation of those behaviors. Comments from direct care staff and nurses, as well as decreased turnover in direct care staff and nurses over the last three months show that these changes have already had a positive effect. To evaluate the efficacy of these initiatives CCCA will continue to monitor the turnover rate and encourage comments from the direct care staff and nurses.

Finding 1.2: The facility has made provisions for enhancing staff development and training programs within the facility by assigning a program manager to provide oversight to this process. The enhancement of this program is expected to contribute to the successful retention of quality staff.

OIG Recommendation: None. As this process is relatively new in this facility, the OIG looks forward to reviewing its progress in the future.

DMHMRSAS Response: This assignment is very recent and is in the beginning stages of implementation. To date, CCCA has purchased two child-based direct care staff training packages (*Effective Skills for Child-care Workers* from Boys/Girls Town Press and *New Directions: Essential Skills for Direct-Care Professionals* from the Child Welfare League of America in conjunction with the Devereux Foundation). The Center has also purchased the Child Welfare League of America's supervisor training program for supervisors in child residential facilities. All of these materials have been reviewed, but not yet implemented. The Center has implemented TOVA training for all direct care staff, nurses, and other professionals. Sections of TOVA were allocated specifically to the supervisors at the Center. In those sections, we incorporated supervisory perspectives and issues into the TOVA curriculum. CCCA has worked with Human Resources in the

DMHMRSAS to write a proposal to be involved in a supervisor-training program through the University of Minnesota called *Stop the Revolving Door*, a program designed to teach frontline supervisors in residential and inpatient programs how to improve staff retention. One of CCCA nurses is a psychiatric Clinical Nurse Specialist who has been given new duties to include building psychiatric nursing competencies and skills for all RNs at the Center. We will continue to develop and implement this new program over the next several months.

PART II: ACTIVITIES OF THE PATIENTS/RESIDENTS

1. Bed capacity for the unit: 2. Census at the time of the review:

The census on the day of the inspection was 36 patients. This included: 11 patients on Unit 1, 4 patients on Unit 2, 9 patients on Unit 3 and 12 patients on unit 4. The capacity for this facility is 48.

Members of the management staff have participated on the Special Populations Work Group charged with the responsibility of crafting identified needs and strategies for developing services for children and adolescents across the Commonwealth. In addition, management at the facility and with the support and cooperation of Central Office management have engaged in dialogues with other agencies that traditionally relies on the services of CCCA. These open discussions are focusing on ways of developing interagency cooperation in outlining the most effective ways of serving their common populations.

3. Number of patients/residents on special hospitalization status.

Interviews with administrative staff indicated that there were not any patients on special hospitalization status during the time of the inspection.

4. Number of patients/residents on special precautions?

Interviews with staff, on the units toured, indicated that residents were noted to be on special precautions addressing issues such as aggressive behavior, self-injurious behavior, elopement and/or other behavioral issues.

5. Number of patients/residents on 1 to 1?

Interviews with facility staff indicated that during the inspection shift on the units listed above 4 patients were on “constant observation” status, which denotes “within-sight” of staff at all times.

6. Identify the activities of the patients/residents?

The majority of patients, during the time of the tour, were involved in school programming. Students are provided with educational instruction through the City of Staunton’s public system. The facility was in the process of identifying and establishing alternate instructions and additional active treatment programs for the upcoming holiday period. This year the school break is for two weeks. Both active treatment and seasonal recreational events were being planned. During the early evening hours, the patients are

engaged in active treatment programs both instructional and recreational. These programs have traditionally been unit based. However, the facility is currently reviewing the initiation of a facility-wide coordinated schedule of active treatment programming provided by the Activities Therapy Department. This newly formed department will evaluate center-wide needs and provide services to all children regardless of their unit placement. This should allow for enhanced services and a better use of limited resources.

7. Do patients/residents have opportunities for off-ground activities?

Interviews with facility staff and patients indicated that there are opportunities for patients to participate in off-grounds activities once they have achieved the necessary level and if staffing patterns allow.

8. As appropriate, do patients/residents have opportunities for snacks?

Interviews with staff indicated that snacks do occur as appropriate for individualized diet plans. Snacks are typically available three times per day.

9. Other comment about active treatment:

CCCA is currently providing enhanced substance abuse services. The facility began a formalized program of substance abuse services a little over three years ago. The program began with the hiring of a coordinator and has grown through the use of several grants into a program with additional staff and interns. There are on average six treatment groups offered each week including four substance use/abuse groups, a smoking cessation group and one for children of alcoholics. SA topics are also integrated into programming offered by nursing and activities therapy staff.

The Director of SA Services has been invited to serve as one of four consultants on a project on the national level. CCCA will be working with SWVMHI in enhancing SA services to their adolescent population.

OIG Finding 2.1: Interviews, reviews of programming schedules, and direct observation revealed that children and adolescents receiving care and treatment at CCCA have access to a variety of programming opportunities.

OIG Recommendation: None at this time. The facility is currently in the process of shifting the manner in which it offers several aspects of active treatment programming. This shift of providing facility-wide active treatment programming based on identified needs regardless of unit placement should allow for enhanced services and a better use of limited resources. Progress on the development of center-based services will be monitored.

DMHMRSAS Response: CCCA has reorganized its Activities Therapy (AT) functions into a separate department effective December 1, 2003. Staff in the department continues to serve as members of the treatment teams and coordinate the provision of activities therapy to each individual child on the team. The AT department is shifting from a unit-based services provision model to a service team model in concert with the organizational

changes in the Center. In this new model, staff of the AT Department will provide greater focus on the treatment intervention needs of the individual child. Children will be involved in individual and group AT interventions based on their treatment goals and objectives. The AT staff has organized all AT curricular materials and reviewed and modified AT group offerings, and has implemented some cross-unit groups. CCCA will continue to work toward greater flexibility in offerings to provide increased options to match the needs of individuals served.

PART III: ENVIRONMENTAL ISSUES

AREA OF REVIEW: Common Areas	Comments and Observations
1. The common areas are clean and well maintained.	Tours indicated that the residential areas visited were clean and well maintained.
2. Furniture is adequate to meet the needs and number of patients/residents.	Tours of units indicated that furniture was adequate to meet the needs of the patients.
3. Furniture is maintained and free from tears.	Tours of the common areas indicated that furniture was free from tears and was well maintained.
4. Curtains are provided when privacy is an issue.	Tours of the units demonstrated that window coverings are provided for privacy from the outside.
5. Clocks are available and time is accurate.	Clocks were available in public areas and the correct time was noted.
6. Notification on contacting the human rights advocate are posted.	A tour of each unit and interviews with patients indicated that information on how to contact the Human Rights Advocate was effectively communicated. Posters were observed on each unit.
7. There is evidence that the facility is working towards creating a more home-like setting.	Efforts at making this institutional setting more homelike were noted. Patients indicated that they are allowed to have personal items in their rooms and encouraged to display photos or pictures that might assist in their adjustment to the environment.

8. Temperatures are seasonally appropriate.	Tours of units indicated that temperatures were comfortable.
9. Areas are designated for visits with family, etc., which affords privacy. Visiting hours are clearly posted.	Interviews with patients revealed that the facility makes every effort to afford privacy when there are visitors to the unit. Each indicated that even though there are recommended visiting hours, visits are not limited at other times particularly since families often have to travel long distances.
10. Patients/residents have access to telephones, writing materials and literature.	Interviews with patients and staff indicated that there is access to communication materials and literature.
11. Hallways and doors are not blocked or cluttered.	Hallways, doors and egress routes were not blocked and were free of clutter.
12. Egress routes are clearly marked.	Tours of each unit indicate that egress routes are clearly marked.
13. Patients/residents are aware of what procedures to follow in the event of a fire.	Interviews with patients indicated that staff assist them during fire drills.
14. Fire drills are conducted routinely and across shifts.	Fire drills are conducted once per shift per month.
Bedrooms	Comments and Observations
1. Bedrooms are clean, comfortable and well maintained.	All residential units toured were clean and well maintained. Bedrooms on the adolescent units were messy. Two patients interviewed indicated that staff make efforts at getting them to keep their rooms clean but that this does not usually occur until in the evenings when they are on the units for longer periods of time.
2. Bedrooms are furnished with a mattress, sheets, blankets and pillow.	Interviews with the patients and observations indicated that each patient has a mattress, sheet, blankets and pillow and if more is needed can obtain them upon request.

3. Curtains or other coverings are provided for privacy.	Tours of the units confirmed that curtains and/or other coverings are provided for clients' privacy.
4. Bedrooms are free of hazards such as dangling blind cords, etc.	In the rooms observed there was not any evidence of hazards resulting from dangling cords, etc.
5. Patients/residents are able to obtain extra covers.	Interviews with patients indicated that they are able to obtain extra linens and covers. Housekeeping services are provided by Western State Hospital. These individuals are responsible for changing linens weekly or more often if necessary.
6. Patients/residents are afforded opportunities to personalize their rooms.	Interviews and observations indicated that clients are given the opportunity to personalize their rooms.
Bathrooms	Comments and Observations
1. Bathrooms were clean and well maintained	Bathrooms were noted to be clean and well maintained. Housekeeping maintains these areas.
2. Bathrooms were noted to be odor free.	Tours of unit bathrooms indicated that all were odor free.
3. Bathrooms were free of hazardous conditions.	Tours of unit bathrooms indicated that all were free of hazardous conditions.
Buildings and Grounds	Comments and Observations
1. Pathways are well lit and free of hazardous conditions.	Tours of outside grounds indicated that pathways were well lit and free of hazardous conditions.
2. Buildings are identified and visitor procedures for entry posted.	Upon entering the center all visitors are greeted by staff and asked to identify themselves with a badge or other form of identification. A sign-in procedure is required and visitors are given a badge for identification purposes.
3. Grounds are maintained.	Grounds are well maintained.

4. There are designated smoking areas with times posted.	Smoking by minors is prohibited at the facility.
5. Patients/residents have opportunities to be outside.	Interviews with patients and staff revealed that persons with the appropriate privileges have limited opportunities for going outside on and off grounds currently because of staff shortages.

OIG Finding 3.1: Observations and interviews with patients demonstrated that the facility is well maintained, clean and comfortable.

OIG Recommendation: None.

DMHMRSAS Response: CCCA will continue to be vigilant about its environment by continued coordination of support services through Western State Hospital. Staff will continue to encourage and support children and adolescents, as appropriate developmentally and clinically, to personalize their rooms and keep them neat and orderly. CCCA will continue to monitor the environment and make changes as needed.